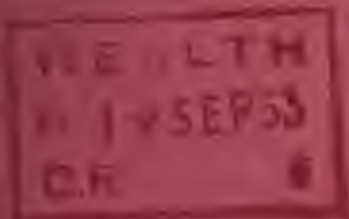


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PETERSFIELD RURAL DISTRICT COUNCIL

ANNUAL REPORT.

of the

MEDICAL OFFICER OF HEALTH

and

CHIEF SANITARY INSPECTOR

for the year

1 9 5 2.

PETERSFIELD RURAL DISTRICT COUNCIL.

A N N U A L R E P O R T.

of the

MEDICAL OFFICER OF HEALTH

and

CHIEF SANITARY INSPECTOR

for the year

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THE RURAL DISTRICT COUNCIL OF PETERSFIELD.

Chairman of the Council and
of the Public Health Committee:

Sir Hugh Cocke.

Vice-Chairman of the Council:

Mr. A.J. Allee.

Members of the Council:

Mr. W.A. Allam.	Mr. R.F. Hughes.
Mr. A.J. Allee.	Lt. Col. L. Hyde.
Mrs. T.H. Barnsley.	Mr. T.J. Marsh.
Lady Doris Blacker	Mr. A.H. Moore.
Mr. W.H. Blake.	Rev. Canon G.S. Morley, M.A., F.R.G.S.
Mr. G.P. Brutton.	Mr. A. Mott.
Sir Hugh Cocke.	Admiral A.J.L. Murray. C.B., D.S.O.,
Mr. H. Newman Collard.	Mr. W.P. Ness (O.B.E.)
Captain A.F. Coryton, J.P.	Mr. C.A.T. Olding.
Mr. W.A. Coyte.	Admiral E.G. Robinson V.C., O.B.E.
Mr. J.S.G. Crossland.	Mr. A.O. Schulkins.
Mr. T. Clive Davies.	Mr. S.B. Selmes.
Col. the Rt. Hon. Sir Reginald	Capt. C.A. Shove.
Dorman-Smith, P.C., G.B.E.	Mrs. M.E. Smith.
Mr. A.G. Edney.	Miss W. Stubington.
Mr. I. Fry.	Mr. H.C. Swayne.
Mr. H. Heath.	Mr. M.J. Tosdevine.

Members of Health Department Staff:

Medical Officer of Health:

S. Chalmers Parry, M.A. Cantab., M.R.C.S., L.R.C.P., D.P.H.

Chief Sanitary Inspector:

A. Swan, A.R.San.I., M.S.I.A.

Additional Sanitary Inspector:

L.R. Devenish, A.R.San.I., M.S.I.A.

Assistant Sanitary Inspector:

W. Bell, A.R.San.I., M.S.I.A.

Clerks:

V.W.H. Denman.
C.J. Wedge.

RURAL DISTRICT COUNCIL OF PETERSFIELD.

The Old College,
Petersfield.

To the Chairmen and Members
of the Petersfield Rural District Council.

I have the honour to present the Annual Report for the year ending 31st December, 1952 on the health and sanitary conditions of the Rural District of Petersfield.

The estimated "home" population showed a decrease of seven hundred and ten on the Registrar General's estimate for 1951 owing to the fact that the newly developed part of Leigh Park was transferred to the Havant and Waterloo Urban District. The natural increase of births over deaths was a hundred and thirty-five for the year under review.

This was a particularly healthy year and there were no large outbreaks of infectious diseases. It is satisfactory to record that there have been no deaths from infectious diseases.

No case of diphtheria was notified during the year. Parents are again reminded that children should be immunised before their first birthday and should receive their first supplementary injection preferably just before reaching school age.

It is gratifying to report that the infant mortality rate has reached the lowest level on record for this district.

I should like to take this opportunity of thanking you all for your support and encouragement; and I am grateful to the officers of other departments for their willing help and co-operation.

I also wish to record my appreciation of the efficient and conscientious work carried out by Mr. Swan and the members of the Staff.

S. CHALMERS PARRY.
Medical Officer of Health.
Petersfield Rural District Council.

LEGISLATION.

During the year, the following legislation affecting the Public Health Department was enacted:-

(1) The Public Health (Tuberculosis) Regulations, 1952.

These regulations came into force on the 1st May. They revoke previous regulations and modify them to accord with the National Health Service Acts.

(2) Ice Cream (Heat Treatment) Amendment Regulations, 1952.

These regulations came into force on the 5th May. They provide for a third method of heat treatment of ice cream mixers, i.e. a temperature of not less than 175°F for fifteen seconds.

(3) Housing Act, 1952.

This Act came into force on the 1st August. Apart from financial provisions, it dealt with the disposal of houses by local authorities and also amended Section 23 of the Housing Act, 1949 to exclude agricultural cottages from the condition that they must be let or kept available for letting.

(4) The Public Health (Meat)(Amendment) Regulations, 1952.

These regulations came into force on the 31st August. They amend the 1924 regulations so as to include horses, asses and mules in the definition of animals and require persons intending to slaughter such animals for sale for human consumption to give notice.

(5) Cremation Regulations, 1952.

The Cremation Regulations, 1952, which came into operation on the 26th September, extend the categories of people who can verify applications.

(6) The Public Health (Aircraft) Regulations, 1952.

These regulations, which came into operation on the 1st October, provide in conformity with the International Sanitary Regulations adopted by the Fourth World Health Assembly on 25th May, 1951, for sanitary control of aircraft arriving at or leaving aerodromes or other places in England and Wales. The Regulations supersede the Public Health (Aircraft) Regulations, 1950.

STATISTICS OF THE AREA.

Area	54,497 acres.
Rateable Value (1952/53)	£127,026.
Sum represented by a penny rate (1952/53) ..	£497.
Population	22,600.
Approximate number of inhabited houses ..	6,100.

NATURAL AND SOCIAL CONDITIONS OF THE AREA.

The district surrounds a pleasant market town in the extreme east of Hampshire. It has a common boundary with Surrey and Sussex extending from Bramshott Chase in the north to Twostone Bottom on the Emsworth Common road in the south, a total of over twenty-four miles.

The area comprises thirteen parishes, five of which are partly provided with main drainage.

There are three parishes with a population of over 3,000 and their villages form the main centres of population.

The whole district is well known as a residential resort not only for its fine scenery, but also for the hamlets and villages which have retained their character through the years.

The South Downs form a natural division between the north and the south, but travel is not unduly restricted on this account as both the main London-Portsmouth road and rail services link Petersfield with the coastal area.

Agriculture is the main industry and in some parishes forms the only interest. With farming can be associated fruit growing and hop growing. The seasonal harvesting of crops calls for a concentrated labour force and this is provided to a large extent by people who follow a gipsy way of life and by town dwellers who look upon it as a profitable holiday.

Employment is provided chiefly by way of building and allied trades, transport work, shop keeping, clerical work and by professional and personal services. There are also a few small factories but the numbers employed are relatively small. Many of the residents in the south of the district work at Portsmouth, the chief source of employment being naval establishments.

VITAL STATISTICS.

Births.

	1952.			1951.		
	M	F	Total	M	F	Total
Live Births (Legitimate)	170	161	331	203	193	396
(Illegitimate)	12	12	24	12	11	23
Total Live Births			<u>355</u>			<u>419</u>

Live Birth rate per 1,000 of the estimated population was 15.7 compared with 15.3 for the whole of England and Wales.

	1952.			1951.		
	M	F	Total	M	F	Total
Still Births (Legitimate)	1	2	3	4	2	6
(Illegitimate)	-	-	-	1	-	1
Total Still Births			<u>3</u>			<u>7</u>

Still Birth rate per 1,000 total (live and still) births was 8.4 compared with 22.6 for the whole of England and Wales.

Deaths.

	1952			1951.		
	M	F	Total	M	F	Total
From all causes	105	115	220	137	126	263

Death rate per 1,000 estimated population was 9.7 compared with 11.3 for the whole of England and Wales.

Maternal Mortality.

Pregnancy, childbirth, abortion	..	..	..	..	..	Nil
Maternal Mortality rate per 1,000 total (live and still) births.	..	..	..	..	..	0.0

Infant Mortality (deaths under one year).

	1952.			1951.		
	M	F	Total	M	F	Total
Legitimate	-	6	6	7	5	12
Illegitimate	-	-	-	1	-	1
			<u>6</u>			<u>13</u>

Infant Mortality Rate.

The number of deaths of infants under the age of one year per 1,000 live births, is known as the infant mortality rate for that year.

This rate for each calendar year is not regarded as a reliable guide, for the number of births in the District is insufficient to be of significance statistically.

But, if this rate is taken over a period of five years, it is then considered reasonably reliable and one of the best indices of the social circumstances of the district. High rates are commonly associated with overcrowding and defective sanitation.

It is therefore satisfactory to report that, during the past fifteen years, the quinquennial rates for this district have been considerably lower than the figures for the country as a whole.

The following table shows the rate for the district as compared with the rate for England and Wales, each over a five-year period:-

Infant Mortality Rates (per 1,000 Live Births).		
Year.	Petersfield Rural District.	England & Wales.
1936	55.5	57.2
1937	50.8	55.4
1938	53.3	55.2
1939	50.2	55.4
1940	45.6	53.6
1941	39.6	52.8
1942	42.5	52.0
1943	43.6	50.0
1944	43.7	46.0
1945	43.5	45.0
1946	40.0	42.0
1947	31.1	39.2
1948	27.5	35.9
1949	27.8	33.3
1950	22.6	30.6

The infant mortality rate for the year under review was 16.9 compared with 27.6 for England and Wales.

In 1951 the rate for the District was 31.0 compared with 29.6 for the country as a whole.

Causes of Death.

	Male	Female	Total
1. Tuberculosis of Respiratory System	1	2	3
2. Other forms of Tuberculosis.	-	-	-
3. Syphilis	-	-	-
4. Diphtheria	-	-	-
5. Whooping Cough	-	-	-
6. Meningococcal Infections	-	-	-
7. Acute Poliomyelitis	-	-	-
8. Measles	-	-	-
9. Other Infective and Parasitic Diseases	1	-	1
10. Malignant Neoplasm, Stomach	5	4	9
11. " " Lung, Bronchus	5	1	6
12. " " Breast	-	6	6
13. " " Uterus	-	1	1
14. Other Malignant & Lymphatic Neoplasms	9	5	14
15. Leukaemia, Aleukaemia	-	3	3
16. Diabetes	2	1	3
17. Vascular Lesions of Nervous System	9	19	28
18. Coronary Disease, Angina	17	12	29
19. Hypertension with Heart Disease	1	-	1
20. Other Heart Disease	14	28	42
21. Other Circulatory Disease	10	6	16
22. Influenza	1	1	2
23. Pneumonia	4	3	7
24. Bronchitis	6	2	8
25. Other Diseases of Respiratory System	1	-	1
26. Ulcer of Stomach and Duodenum	1	2	3
27. Gastritis, Enteritis and Diarrhoea	2	1	3
28. Nephritis and Nephrosis	2	-	2
29. Hyperplasia of Prostate	4	-	4
30. Pregnancy, Childbirth, Abortion	-	-	-
31. Congenital Malformations	-	1	1
32. Other Defined and Ill-defined Diseases	7	12	19
33. Motor Vehicle Accidents	2	-	2
34. All other Accidents	1	4	5
35. Suicide	-	1	1
36. Homicide and Operations of War	-	-	-
	105	115	220

GENERAL PROVISION OF HEALTH SERVICES
FOR THE AREA.

Laboratory Facilities.

Bacteriological work is carried out by the Public Health Laboratory at the Royal Hampshire County Hospital, Winchester (Telephone, Winchester 3807) and specimens of clinical materials (sputum, swabs, etc) and samples of water, milk and foodstuffs are sent for bacteriological examination to Dr. R. Mackenzie, Director of the Public Health Laboratory.

Some specimens in connection with cases of infectious diseases, which have been admitted to the Portsmouth Infectious Diseases Hospital, are sent for bacteriological examination to Dr. K. Hughes, Director of the Public Health Laboratory, Milton, Portsmouth (Telephone, Portsmouth 74785).

The laboratories are not open on Saturday afternoons, but some of the staff attend on Sundays from 10 a.m. to 12 noon.

Samples may be deposited in the sample box placed outside the Public Health Laboratory, Winchester or they may be left at the Porter's Lodge of the Infectious Diseases Hospital, Portsmouth, at any time.

Samples for chemical analysis are sent to the City Analyst, Portsmouth (Telephone, Portsmouth 5482).

The Public Analyst for the area is Mr. A.B. Dobson, Public Health Laboratory, Public Health Centre, Grange Road, Bermondsey, S.E.1.

Ambulance Facilities.

All applications for the use of ambulances should be directed to the Ambulance Officer, Fareham (Telephone, Fareham 2170) who arranges for the most conveniently situated ambulance to attend.

Smallpox cases (suspected or confirmed) requiring transport to hospital will be conveyed by the County Ambulance Service by arrangements made through the Bed Admissions Office (Telephone, Winchester 2261)

Nursing in the Home.

The names of District Nurses, Midwives and Health Visitors, who practise in the district under the direction of the County Medical Officer, are shown in the following table:-

Names and Addresses of Nurses.	District served.	Names of Health Visitors.
Miss F.A. Vickers, S.R.N., S.C.M., (Queen's Nurse), Nurse's Cottage, Headley Road, Liphook. (Tele: Liphook 3179)	Bramshott. Liphook. Conford. Passfield. Hammer.	Miss V. Gawthorpe, S.R.N., S.C.M., R.S.I. Certificate.
Miss K. Bagley, S.R.N., S.C.M., (Queen's Nurse). Moss Cottage, Western Road, Liss. (Tele: Liss 3139)	Greatham. Liss. Empshott. Hawkley.	
Mrs. J.M. Beaton, S.R.N., S.C.M., (Queen's Nurse) 1 Privett Road, High Cross, Froxfield. (Tele: Hawkley 43)	Colemore. Priorsdean. Privett. Froxfield Langrish. Ramsdean.	
Miss E.F. Moore, S.C.M., 14 Glenthorne Meadow, East Meon. (Tele: East Meon 63)	East Meon.	Mrs. C.E. Foster S.R.N., S.C.M., A.R.San.I. R.S.I. Certificate.
Miss B.E. Bloomfield, S.C.M., 20 Burnt Ash Cottages, Steep Marsh, Petersfield. (Tele: Petersfield 676)	Stroud. Steep. Sheet. N. Petersfield.	
Mrs. M.C. Lapper, S.R.N., S.C.M., (Queen's Nurse) 22 Queen's Road, Petersfield. (Tele: Petersfield 628)	S. Petersfield. Buriton.	
* Miss J.E. Bramidge, S.R.N., S.C.M., (Queen's Nurse) 2 Nelson Crescent, Horndean. (Tele: Horndean 2276)	Catherington. Clanfield. Hogs Lodge.	Miss F.R. Back S.R.N., S.C.M., R.S.I. Certificate.
∅ Mrs. E. Wiggett, S.R.N., (Queen's Nurse) 2 Pampas Cottages, South Lane Clanfield (Tele: Horndean 2219)	Horndean. Lovedean. Blendworth. Chalton	Mrs. M. Fitzgerald S.R.N., S.C.M., R.S.I. Certificate
Miss J.E. Bramidge, S.R.N., S.C.M., (Queen's Nurse) 2 Nelson Crescent, Horndean. (Tele: Horndean 2276)	Rowlands Castle. Redhill. Idsworth. Finchdean.	Miss M.E. Hunt, S.R.N., S.C.M., R.S.I. Certificate

* Midwifery only.

∅ General Nursing only.

Home Help Service.

Applications for Home Helps should be made to the Clerk of the Petersfield Urban District Council at the Town Hall, Petersfield and the necessary arrangements are made by the Assistant Organiser.

Clinics.

The following Clinics are held at The County Council Health Centre, 1 Ramshill, Petersfield:-

*Ophthalmic Clinic	By appointment.
*Orthopaedic Remedial Clinic	1st Tuesday mornings and other Tuesday afternoons by appointment.
Child Welfare Centre	Wednesday afternoons.
Verminous Cleansing Clinic	Friday mornings.
School Clinic	Friday mornings.
Dental Clinic	By appointment.
Speech Therapy Clinic	Tuesday mornings except 1st Tuesdays, by appointment.

Child Welfare Centres.

The following Child Welfare Centres in the Rural District are open for children under five years of age:-

Centre	Hall	Afternoons
Clanfield	Memorial Hall	1st Friday
Froxfield	King George V Memorial Hall	2nd Tuesday
Horndean	Nash Memorial Hall	2nd and 4th Tuesdays
Liphook	Church Room	1st and 3rd Tuesdays
Liss	Village Hall	2nd and 4th Fridays
Rowlands Castle	Parish Hall	3rd Friday
Superior Camp	Social Club Hall	3rd Friday

The following five centres, situated in adjoining districts, are available for children living near the boundaries of the district:-

Centre	Hall	Afternoons
Alton	Assembly Rooms	Every Tuesday
Grayshott	Village Hall	1st Friday
Headley	Village Hall	2nd and 4th Fridays
Petersfield	Health Centre, 1 Ramshill.	Every Wednesday
Waterlooville	St. George's Hall	2nd and 4th Thursdays

Ante-natal Clinics.

The following Ante-natal Clinics are held in the district:-

Centre	Hall	Day of month when held at 2.0 p.m.
Liss	British Legion Hall	1st and 3rd Wednesdays
Liphook	Church Room, Portsmouth Road.	3rd Wednesday

The following Ante-natal Clinics, situated in adjoining districts are also available:-

Centre	Hall	Day of month when held
Alton	General Hospital.	Every Thursday except the 5th in the month at 2.0 p.m.
Havant	County Council Health Centre, Park Way.	1st, 2nd and 4th Mondays at 2.0 p.m.

The work of the voluntary helpers, who assist the medical staff at the Welfare Centres and Ante-natal Clinics, is greatly appreciated.

* Tuberculosis Clinics.

A Chest Clinic is held at the Queen Alexandra Hospital, Cosham (Telephone, Cosham 75227, Extension 58), as follows:-

Wednesday 9.45 a.m. Old patients by appointment.
2.0 p.m. New patients.

Thursday 9.45 a.m. Old patients by appointment.
2.0 p.m. Refills.

One evening session on first Thursday in the month
by appointment.

Dr. Butterworth the Chest Physician is in attendance.

A Clinic is also available at the Health Department, The Castle, Winchester every Wednesday at 10.0 a.m. (old patients) and 2.30 p.m. (new patients)

* Venereal Diseases.

Treatment is available at the following hospitals:-

Guildford - Royal Surrey County Hospital.

Males : 5.0 p.m. to 7.0 p.m., Tuesdays and Fridays

Females : 2.0 p.m. to 7.0 p.m., Mondays.

9.0 a.m. to 11.30 a.m., Thursdays.

Portsmouth - St. Mary's Hospital.

Males : 10.0 a.m. to 12.0 noon, Tuesdays.

5.0 p.m. to 7.0 p.m., Thursdays.

Females : 5.0 p.m. to 7.0 p.m., Mondays.

2.0 p.m., Wednesdays.

10.0 a.m., Fridays.

Winchester - Royal Hants County Hospital.

Males : 10.0 a.m., Saturdays.

Females : 2.0 p.m., Tuesdays.

SCHOOL HEALTH SERVICES.

* Orthopaedic Clinics.

Orthopaedic cases, requiring treatment, are referred through the Lord Mayor Treloar Hospital, Alton, to the following Clinics:-

- Alton. Surgeon's Clinic held at Lord Mayor Treloar Hospital, on fourth Tuesdays, odd months, at 10.0 a.m., and on Mondays at 2.0 p.m. by appointment.
- Remedial Clinic held at Lord Mayor Treloar Hospital every Thursday all day.
- Havant. Surgeon's Clinic, held at County Council Health Centre, on fourth Tuesdays, even months, at 10.0 a.m.
- Minor Clinic, held at County Council Health Centre, on second Wednesday of each month, at 10.0 a.m.
- Remedial Clinic, held at County Council Health Centre every Wednesday at 10.0 a.m. and 1.30 p.m.
- Petersfield. Remedial Clinic, held at County Council Health Centre, Ramshill, first Tuesday, at 10.0 a.m., other Tuesdays at 1.30 p.m.

* Ophthalmic Clinics.

Ophthalmic Clinics are held for school and pre-school children at the following places; attendance by appointment through the County Medical Officer:-

- Havant. Held at County Council Health Centre, Park Way.
- Petersfield. Held at County Council Health Centre, Ramshill.

* Orthoptic Clinic.

Cases selected by the School Oculist, are referred to the Eye and Ear Hospital, Portsmouth.

* Ear, Nose and Throat Clinics.

Cases, referred for specialist advice, are examined at the Portsmouth Eye and Ear Hospital and treatment is carried out either at that Hospital or at Petersfield Hospital.

In the northern part of the area, cases are examined and treatment carried out at the Haslemere Hospital or Guildford Hospital.

School Clinic.

This is held at the County Council Health Centre, Ramshill, Petersfield, on Friday mornings.

The Health Visitor attends every Friday morning until noon; the Medical Officer is in attendance on the first Friday of the month.

Speech Therapy Clinics.

Cases attend at the County Council Health Centre, Ramshill, Petersfield, on Tuesdays (except 1st Tuesday) at 9.30 a.m. by appointment through the County Medical Officer.

Clinics are also held at the County Council Health Centres at Park Way, Havant, on Wednesdays at 2.0 p.m. and Trafalgar Street, Winchester, every Monday and Friday at 9.30 a.m. and 1.30 p.m. by appointment through the County Medical Officer.

Child Guidance Clinic.

Cases are seen by appointment through the County Medical Officer, at the County Health Centre, Ramshill, Petersfield.

Verminous Cleansing Clinics.

A Cleansing Centre is available at the County Council Health Centre, Ramshill, Petersfield, on Fridays at 9.30 a.m.

A Cleansing Centre is also available at Potash Terrace, Havant, on Fridays at 9.30 a.m.

Dental Clinics.

These are held at the County Council Health Centres at Petersfield and Havant, and at schools and other premises as and when required. A Dental Clinic Trailer is available for use in the area.

Family Planning Association Clinics.

The following Clinics, which are run on a voluntary basis, give advice on family planning as this is not a service available under the National Health Service.

A lady Doctor and Sister are in attendance:-

ADDRESS	DAY	TIME
COSHAM. Child Welfare Centre, Northern Road.	Wednesday.	1.0 - 3.30 p.m.
PORTSMOUTH. Trafalgar Place, Clive Road, Fratton.	Tuesdays.	1.0 - 3.30 p.m.
	Fridays.	7.0 - 9.0 p.m.
WINCHESTER. The Hut (adjoining Trafalgar House) Trafalgar Street.	2nd and 4th Tuesdays.	2.0 - 3.0 p.m.

Any further information can be obtained from the County Medical Officer.

It is desirable that the woman should, at her first attendance, take to the Clinic a letter from her own doctor.

* These services are the responsibility of the Regional Hospital Board.

HOSPITALS.

General.

There are six General Hospitals available for the admission of patients from the district:-

HASLEMERE AND DISTRICT HOSPITAL.

(Telephone, Haslemere 894)

PETERSFIELD GENERAL HOSPITAL.

The Petersfield Hospital (Telephone, Petersfield 19) has twenty-eight beds available for medical, surgical and maternity cases.

It is administered by the Portsmouth Group Hospital Management Committee.

ROYAL SURREY COUNTY HOSPITAL.

(Telephone, Guildford 2323).

ST. MARY'S HOSPITAL, PORTSMOUTH.

(Telephone, Portsmouth 2476)

THE ROYAL PORTSMOUTH HOSPITAL, PORTSMOUTH.

(Telephone, Portsmouth 2103)

THE ROYAL HAMPSHIRE COUNTY HOSPITAL, WINCHESTER.

(Telephone, Winchester 5151)

Heathside Hospital, Petersfield.

This Institution is controlled by the Portsmouth Group Hospital Management Committee and is available for chronic sick patients.

Maternity Cases.

The Grange Nursing Home, Liss, and Northlands Maternity Home, Emsworth, are available for maternity cases.

Few applications are made to the Group Maternity Clerk working at St. Mary's Hospital, Portsmouth; the great majority continue to be made to the County Medical Officer who arranges for a home visit by the District Nurse.

Infectious Diseases.

There is no infectious diseases hospital in the district.

Any infectious diseases hospital is now available for the admission of cases occurring in the district. Patients are generally admitted to Portsmouth Infectious Diseases Hospital, Milton Road (Telephone, Portsmouth 2046), which is under the control of the Regional Hospital Board.

Special arrangements have been made for the admission of children suffering from acute poliomyelitis to Lord Mayor Treloar Hospital, Alton (Telephone, Alton 2238).

Sanatoria.

Sanatoria for patients, who are suffering from Tuberculosis, are provided by the Regional Hospital Board.

Smallpox.

The Regional Hospital Board makes provision for the treatment of cases of smallpox at Crabwood Smallpox Hospital. The Bed Admissions Office, (Telephone, Winchester 2261) deals with the admission of these patients.

PREVALANCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

Notifiable Diseases.

Particulars of cases of Infectious Diseases, which were notified during the year and comparative notification rates for the whole of England and Wales, are shown in the following table:-

Diseases.	Total Cases Notified.	Rate per 1,000 of the Population.	
		Petersfield R. D.	England and Wales
Scarlet Fever	14	0.62	1.53
Pneumonia	5	0.22	0.72
Erysipelas	2	0.08	0.14
Poliomyelitis (Paralytic)	2	0.08	0.06
Measles	58	2.56	8.86
Whooping Cough	37	1.63	2.61
Food poisoning	1	0.04	0.13
Dysentery	2	0.08	Not available

An analysis of the total notified cases according to age groups is given below:-

Age Group	Scar- let Fever	Meas- les	Whoop- ing Cough	Polio- mye- litis.	Pneu- monia	Dysen- tery.	Food Poison- ing.	Erysip- elas.
Under 1 year	-	2	4	-	-	-	-	-
1 - 2 years	1	4	2	1	-	-	-	-
2 - 3 years	-	8	2	-	-	-	-	1
3 - 4 years	5	7	4	-	-	-	-	-
4 - 5 years	1	9	3	-	-	1	-	-
5 - 10 years	6	25	20	-	1	1	-	-
10 - 15 years	-	1	1	-	-	-	-	-
15 - 20 years	-	-	1	-	-	-	-	-
20 - 35 years	1	1	-	1	-	-	-	-
35 - 45 years	-	-	-	-	2	-	-	-
45 - 65 years	-	1	-	-	1	-	1	1
Over 65 years	-	-	-	-	1	-	-	-

Only certain forms of pneumonia are notifiable.

The following table shows the number of cases of infectious disease, notified during the year, and the parishes in which they occurred:-

Parish	Scar- let Fever	Meas- les	Whoop- ing Cough	Polio- mye- litis.	Pneu- monia	Dysen- tery.	Food Poison- ing	Erysip- elas.
Bramshott	5	36	26	-	2	-	1	-
Buriton	-	1	-	-	-	-	-	-
Clanfield	3	3	-	-	-	-	-	-
Colemore & Priorsdean	1	-	-	-	-	-	-	-
East Meon	-	-	3	1	-	-	-	-
Froxfield	-	-	3	-	-	-	-	-
Greatham	-	7	-	-	-	-	-	2
Hawkley	-	-	-	-	-	-	-	-
Horndean	3	5	1	-	-	-	-	-
Langrish	-	-	-	-	-	-	-	-
Liss	-	6	2	1	3	-	-	-
Rowlands Castle	2	-	1	-	-	2	-	-
Steep	-	-	1	-	-	-	-	-
Totals	14	58	37	2	5	2	1	2

Analysis of Scarlet Fever cases according to Parish and month of notification

Parish	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Bramshott						2		1			2	
Clanfield								1		1		1
Colemore & Priorsdean							1					
Horndean	2										1	
Rowlands Castle								1		1		
Totals	2	-	-	-	-	2	1	3	-	2	3	1

Food Hygiene.

In the home, the consumption of any food, that has been dangerously contaminated, will affect only the family; whereas, in a canteen, restaurant or cafe, hundreds of people may be affected simultaneously.

Apart from the risk of food poisoning, the very thought of eating food from dirty utensils or of eating any food, that has been handled by someone with dirty hands, is most objectionable.

Prevention is better than cure and a great deal can be done to prevent the dangerous contamination of food. The remedy, of course, lies mainly in the personal cleanliness of the food handlers.

The washing of hands immediately after using the lavatory is absolutely essential for everybody.

Any food handler, infected with diarrhoea or with septic sores or boils, should not be allowed to handle food. It should constantly be borne in mind by all concerned in the handling, preparation and storage of food - and particularly by those who work in canteens or who serve food to large numbers that the utmost care must be taken to obviate the risk of food poisoning, which may occur, even in the best equipped of canteens.

Hands become contaminated when the nose is blown; when the fingers touch the nose or mouth, or hair; when the fingers touch the lips during smoking; and when the fingers touch soiled articles.

Most important of all, is the fact that they become contaminated during each visit to the lavatory - for toilet paper is porous.

Once contaminated, the hands will leave bacteria behind on everything they touch.

The air itself may convey the infection to the food by a spray of droplets during the acts of spitting, coughing, sneezing, whistling, blowing or even talking loudly over food. So food and dishes should be kept under cover to protect them from dust, and from droplet infection as well as from flies, cockroaches, rats and mice.

Food poisoning occurs only if food poisoning germs have an opportunity of multiplying in the food in which they are present. For this to happen, they must have a vulnerable food under suitable temperature and moisture conditions for a period of time.

Vulnerable foods - which include pressed meat, brawn, meat pies, stews, trifles, custards and synthetic cream - are normally quite safe when prepared; but they act as ideal breeding grounds for any dangerous germs that gain access, especially if kept at warm temperatures.

Refrigeration definitely retards the growth of bacteria; and it is most important that vulnerable food should be stored at a low temperature in a refrigerator or a cool larder to prevent the germs from multiplying.

Education in Food Hygiene.

The Central Council for Health Education, to whose activities the Council have subscribed for some years, have been most helpful in the way they have kept us informed of the latest developments in connection with the control of food borne infections. They have also made available posters in connection with clean food campaigns and pamphlets relating to methods of controlling infectious disease.

Vaccination.

Persons, who travel from infected areas to this country by sea (with the exception of those coming by one of the short sea routes) have usually passed the incubation period of smallpox before arrival in England.

Whereas those who travel by air, arrive in this country before the incubation period of smallpox has elapsed, so there is greater risk that a case might land here before the disease has become apparent.

Periodical outbreaks arise from cases that develop after landing; and, in order to counteract this increased risk of infection, it is all the more important that primary vaccination in infancy and re-vaccination should be carried out.

The National Health Service Act left the question of vaccination entirely to the good sense and discretion of the parents.

It was hoped that the voluntary response would be as successful as in the case of diphtheria immunisation.

Strange as it may seem, however, this has not been the case; and the vaccination state of the population in Great Britain, which has in the past few years been consistently falling, is now at such a low level as to cause concern.

In fact, the occurrence of two fairly recent outbreaks of smallpox - in Glasgow and Brighton - only confirms that the general state of immunity against this disease is not sufficient to prevent an epidemic.

Vaccination is far too frequently refused because parents are under the impression that it will harm their babies.

If the first vaccination is put off until adolescence or later, there may be a very slight risk; but that is, of course, all the more reason for vaccinating the child in infancy - especially in these days when people travel abroad so much more and any young man may be sent, during his National Service training, to a smallpox infected area.

The ideal time for the first vaccination is during the first six months of infancy - preferably about the fourth month.

Children should be re-vaccinated before the age of ten years - preferably between seven and ten years - and on subsequent occasions if there has been exposure to smallpox.

The following advice, given by the Chief Medical Officer to the Ministry of Health, summarises the position:-

"While parents appear to have become more casual about the need for infant vaccination, now that the element of compulsion has been removed; its popularity - as an emergency measure in an outbreak of smallpox - has been well demonstrated in recent outbreaks.

Vaccination and other measures, used locally, were fortunately effective to deal promptly with these dangerous situations; but this is not a sufficient argument in favour of delaying primary vaccination from infancy until a later age or until the individual has almost certainly been exposed to the infection of smallpox.

To delay the first vaccination from infancy until a later age is contrary to the best interests of the individual who is thus denied the opportunity of acquiring, with minimum risk, an initial immunity to smallpox, that can be effectively revived with little inconvenience should the necessity arise later.

This conception of routine infant vaccination as a procedure which provides an essential foundation on which a solid immunity to smallpox can be rapidly and safely built up by further vaccination in emergency, is not enough appreciated by parents".

International Sanitary Regulations, 1952.

Passengers, undertaking international travel must be in possession of certain vaccination certificates depending upon the place of departure, the countries of transit and the destination. International Certificates are issued in connection with smallpox, yellow fever and cholera.

The vaccinations must be recorded on the international vaccination certificate form prescribed by the World Health Organisation, dated and signed by the doctor doing the inoculations, and in the case of smallpox and cholera, authenticated and stamped by the Health Department of the district.

The international certificate forms must be obtained by the traveller himself from the travel agency or Ministry of Health except those for yellow fever vaccination which are held at certain recognized centres where the vaccination is performed.

Details of immunisation requirements can be obtained from the airline or steamship company concerned or from the consulates of the countries to be visited.

These regulations came into operation on the 1st October, 1952.

Diphtheria Immunisation.

Parents are reminded of the facilities for the immunisation of their children:-

1. By their own doctors.

2. At the Child Welfare Clinics -

(a) Within the district -
Clanfield, Horndean, Liphook, Liss and
Rowlands Castle.

(b) In adjoining districts -
Alton, Grayshott, Headley, Petersfield,
Waterlooville and Stockheath.

During the year, four hundred and eighty-two immunisations
against diphtheria were carried out:-

Immunisation.	Pre-School Children.	School Children.
Primary	224	8
Re-inforcing or "Boosters"	11	239
TOTALS	235	247

Diphtheria Immunisation Propaganda.

The following information has been extracted from
reports of the Ministry of Health and pamphlets issued
by the Central Council for Health Education:-

"The number of deaths from diphtheria has fallen from
a yearly average of some 2,800 in 1930-40 to about 30. But,
although this is a remarkable achievement, it is, by no means
the end of the story; for the rate of decline in the number
of deaths has not been so great in 1952 as in previous years.

The great majority of parents now-a-days have never
seen or heard of a case of diphtheria among their neighbours'
children and are more afraid of illnesses they know than of
the dangers of diphtheria.

It is still true that diphtheria kills and we must never forget that the elimination of this disease is conditional upon the maintenance of an adequate level of immunisation. So parents must be continually reminded that, if they think they need no longer have their babies immunised, there will be a real danger of a diphtheria epidemic.

Complacency, resulting from what has already been achieved, or loss of interest or of confidence in immunisation, may mean that diphtheria will go on occurring endemically and epidemically in this country indefinitely, with the ever-present risk of a return to high mortality; but a vigorously continued immunisation programme, combined with existing methods of epidemic control, may free us entirely from the disease except for the occasionally imported case".

The Ministry of Health recommends that all children should be immunised before their first birthday - preferably at the age of seven or eight months and that they should receive a "booster" or re-inforcing dose just before entering school, and again every four or five years throughout school life.

Owing to the fact that immunity against diphtheria takes several weeks to develop, those who have been inoculated earlier in life will have the advantage of receiving protection against diphtheria at short notice.

It is, therefore, of the utmost importance for parents to realise that active immunisation in the first year of life and re-inforcing doses of prophylactic in later years are just as necessary in the absence of diphtheria epidemics as in their presence.

Immunisation helps the body to build up natural defences against the disease and gives almost certain protection against death from diphtheria.

Resistance to diphtheria is rather like a car battery that needs periodical topping-up to maintain its full efficiency. So children should be immunised in the first year of life and have their first "topping-up" before reaching school age.

Although children up to five years old are in the most susceptible age group, all under fifteen should be immunised.

The object of publicity campaigns in the fight against diphtheria is to secure that at least 75% of the babies are immunised before the end of the first year of life.

The figure for England and Wales is estimated to be only 31 per cent; while, in this district, approximately 45 per cent of the children born during the twelve months ending 31st March, 1952 were immunised before they attained the age of one year.

During the year, special methods of publicity included the distribution of leaflets and consent cards at the Savoy Cinema, Petersfield as well as a slide which was shown on the screen by kind arrangement with the Manager.

Scabies.

Facilities for the treatment of Scabies are available at Havant and Portsmouth Disinfestation Clinics.

Appointments for cases requiring treatment are made through this Department.

Scabies should be regarded as a family infection; and all members of the same family should present themselves for treatment simultaneously - whether or not they complain of "The Itch" and show evidence of Scabies at the time. Otherwise an early case may escape detection and the parasite may thrive in one member and re-infect the others.

Pediculosis.

Cases of Pediculosis (head lice) may be referred for treatment at the Cleansing Clinic, County Council Health Centre, Ramshill, Petersfield, on Friday mornings.

Pediculosis should also be regarded as a family infection; and, when a child is found to be verminous, all the members of the family should offer themselves for examination. This wise practice would ensure that any undetected case in the same family would receive immediate treatment and that there would be no further spread of infection to others.

Tuberculosis.

The total number of cases on the register on the 31st December, 1952 was one hundred and sixty-eight.

Although there were thirty-three additions to the Pulmonary Tuberculosis Register, it should be pointed out that fourteen of these were transferred to this area from other districts. In view of the fact that two of the remainder were removed from the Register for varying reasons, there were, during 1952, only seventeen pulmonary cases who had not been notified before.

The following table gives the number of cases of Tuberculosis registered in the Rural District at the beginning and end of 1952.

	Respiratory			Non-Respiratory.		
	M	F	Total	M	F	Total
Number on Register at the beginning of the year (1952)	87	75	162	19	29	48
New Additions to the Register during the year	20	13	33	2	2	4
Removals from the Register during the year	2	4	6	-	2	2
Transferred to Havant and Waterloo Urban District	33	35	68	2	1	3
Number on Register at the end of the year (1952)	72	49	121	19	28	47

Analysis of new cases and deaths according to age groups:-

	New Cases.				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M.	F.	M.	F.	M.	F.	M.	F.
0 - 1	-	-	-	-	-	-	-	-
1 - 5	1	-	-	-	-	-	-	-
5 - 15	2	-	-	-	-	-	-	-
15 - 25	5	2	1	2	-	-	-	-
25 - 35	7	6	-	-	-	-	-	-
35 - 45	2	4	-	-	-	2	-	1
45 - 55	2	-	1	-	-	-	-	-
55 - 75	1	1	-	-	-	-	-	-
TOTALS	20	13	2	2	-	2	-	1

Analysis of removals from the Register:-

Removals.	Respiratory			Non-Respiratory		
	M.	F.	Total	M.	F.	Total
Recoveries	-	1	1	-	1	1
Deaths	-	2	2	-	1	1
Removals	2	1	3	-	-	-
Transferred to Havant and Waterloo Urban District	33	35	68	2	1	3
TOTALS	35	39	74	2	3	5

No action was taken in 1952 under the Public Health (Prevention of Tuberculosis) Regulations, 1925 (relating to persons suffering from Pulmonary Tuberculosis employed in the milk trade) or Section 172 of the Public Health Act, 1936 (relating to compulsory removal to hospital of persons suffering from Tuberculosis).

National Assistance Act, 1948.

It is satisfactory to report that no official action was taken under Section 47 of the National Assistance Act, 1948, during the year in connection with the removal to hospital of persons who, owing to grave chronic disease, or being aged, infirm or physically incapacitated and living in insanitary conditions, were unable to devote to themselves and were not receiving from other persons proper care and attention.

A certain number of other cases, brought to the notice of this department, were investigated; but these were referred to the Area Welfare Officer, who was able to make other arrangements.

The assistance given by the Welfare Officer, Sanitary Inspectors, Health Visitors and voluntary organisations, is greatly appreciated in these difficult and distressing cases.

RURAL DISTRICT COUNCIL OF PETERSFIELD.

Public Health Department,
The Old College,
PETERSFIELD.

To the Chairman and Members
of the Petersfield Rural District Council.

I beg to submit my Annual Report for the year 1952 on the sanitary circumstances of the area and the duties for which I am responsible.

The Water Act of 1945 gave powers to local authorities to require the supply of water in pipes in all houses either from a company's main or otherwise. During the year, a schedule of dwellings without a piped supply has been compiled and informal approaches to owners have started.

In many cases the provision of water indoors is linked with the provision of satisfactory drainage. As the Council are aware, their proposals for the various villages have not materialised and although in 1945 and 1946 it was anticipated that there would be some delay because of economic conditions I am sure the Council thought that by the end of 1952 much of the work would have been in hand.

The delay has affected repairs and renovation of houses as well as the provision of piped water supplies and house drainage, for, in bringing a house up to a reasonable standard, we have found that it is not policy to deal with the problems piecemeal. Action under Section 9 of the Housing Act, 1936 has therefore been limited, but the worst of the properties were brought before you for action under Section 11 of the Housing Act, 1936 which gives local authorities power to order demolition. In this connection, it is interesting to note that in 1952 the Council made eight demolition orders and in sixteen cases they accepted undertakings.

Applications for moveable dwelling licences continued to be received and apart from licensed sites, and licensed caravans which are used for permanent homes, we are experiencing considerably more of the holiday type of traffic which does not stay longer than the time permitted in the Public Health Act, 1936. This type of "camping" gives rise to little cause for complaint and showmen laying up for the winter while they overhaul their equipment are generally co-operative, but whenever gipsy encampments are set up, the complaints seem to flow in. From a public health point of view many gipsy type encampments are not generally desirable, particularly in the winter when sites tend to become quagmires and the tents which invariably accompany the benders or horse drawn or trailer caravans, cannot be regarded as suitable shelter. Water supplies and sanitary accommodation in many cases also leave much to be desired.

In June, the Council reverted to the employment of two rodent operators, but extended the service available in the district. Normally one operator works north and one works south of the Downs, but, by arrangement with me, they work together on such problems as "block control".

During the year inspection was made of all hotels and public houses in the district. Conditions generally were satisfactory although in a few cases stringent action had to be taken.

The senior clerk in the department was still on sick leave at the beginning of the year and you decided to appoint another senior clerk. Mr. V.W.H. Denman took up this appointment on the 1st June, 1952.

I would like to thank my colleagues in this office and in other departments of the Council for help in producing this report.

A. Swan.
Chief Sanitary Inspector.

SANITARY CIRCUMSTANCES OF THE AREA.

Water.

In spite of increased demand, the yields from all sources were sufficient to maintain supplies throughout the year.

The quality of the water from the main sources was generally satisfactory.

The Water Undertakers of the Rural District are:-

- (a) The Portsmouth Water Company, 26 Commercial Road, Portsmouth, which supplies the parishes of Clanfield, Horndean and Rowlands Castle. The supply is chlorinated.
- (b) The Wey Valley Water Company, Hindhead, Surrey. This Company now supplies the remaining parishes.

A list has been compiled from the rural survey records of dwellings in the district which are without a supply of water in pipes inside the dwellings.

The list shows that:-

197 dwellings have stored rainwater outside the house.

227 dwellings have wells from which water is drawn by a bucket or pump in the garden.

298 dwellings have main supply which is drawn from standpipes in the garden.

11 dwellings obtain their water from springs.

The new main supply from Hawkley pumping station will serve thirty-seven dwellings in the parish of Colemore and Priorsdean, plus five in the parish of Froxfield.

The eighteen properties in the Hogs Lodge area of Clanfield are still without a piped supply. Although it would be highly desirable there seems little chance of such a supply unless a satisfactory agreement can be reached over contribution and pumping costs.

Negotiations were commenced for the conversion of six cottages in Farnham Road, Greatham and nine premises in Church Lane, Greatham were connected to the Company's main; the tenth remains unoccupied. Two dwellings at Greatham, formerly served by a private supply have been connected; there are still ten properties requiring connection.

The supply of water to Budds Orchard from a local spring was discontinued and a connection made to the Urban District Council extension. The Weston water extension is due to be completed in August 1953 and this will make a wholesome supply in pipes available to many of the remaining twenty-nine houses which are at present served by wells of a very low standard indeed.

Samples from main supplies were taken periodically. Copies of all reports are sent to the water company.

Sewerage and Sewage Disposal.

The construction of a new pump house and chamber at Liss disposal works has been completed. A scheme for major extensions of the works has been approved by the Minister.

The Minister has asked for further information with regard to the Buriton scheme. A Scheme for sewerage the Weston area has been prepared and submitted to the Hampshire County Council and the Ministry.

The East Meon scheme is being prepared and an outline scheme for dealing with parts of Clanfield and Horndean has been prepared and submitted to the Minister. An Engineering Inspector has visited the area and the Minister's decision is awaited.

The scheme for sewerage Greatham has been approved by the Minister, but work is deferred because of the restrictions on capital expenditure.

New electric motors and a new pump were installed during the year at Bramshott sewage works. During 1953 the Council propose to instal additional sludge beds and permanent recirculating plant at these works.

Sewers have been laid on the Council's Housing Estates at:-

Merchistoun, Horndean.
Gunn's Farm, Liphook.

Rivers and Streams.

The main rivers and streams are as follows:-

- (1) The River Wey, which passes through Bramshott Parish, and collects the discharge of water from Waggoners Wells.
- (2) The River Rother, which passes through the Parishes of Greatham and Liss.
- (3) The River Meon, which flows through the Parish of East Meon, and passes into D_roxford Rural District at West Meon.

The district resolves itself into three separate drainage areas:-

(a) West Sussex River Board Area:-

Parish of Steep.
Part of the Parish of Liss.
Major part of the Parish of Langrish.
Major part of the Parish of Hawkley.
Parish of Greatham.
Part of the Parish of Froxfield.
Small part of the Parish of East Meon.
Part of the Parish of Colemore and Priorsdean.
Northern part of the Parish of Buriton.

(b) Thames above Teddington Area:-

Parish of Bramshott.
Small part of the Parish of Hawkley.
Part of the Parish of Colemore and Priorsdean.
Part of the Parish of Froxfield.
Small part of the Parish of Liss.

(c) Hampshire Rivers Board Area:-

Southern part of the Parish of Buriton.
Parish of Clanfield.
Part of the Parish of Froxfield.
Parish of Horndean.
Small part of the Parish of Langrish.
Parish of Rowlands Castle.
Major part of the Parish of East Meon.

During the year two cases of pollution of rivers and streams were investigated.

Rainfall.

Captain A. F. Coryton has been good enough to let me have the following figures for 1952. The average fall for a year is 34".

January	2.80 inches.	July	.81 inches.
February	.67 inches.	August	3.12 inches.
March	2.41 inches.	September	3.82 inches.
April	2.22 inches.	October	4.34 inches.
May	2.68 inches.	November	3.97 inches.
June	1.33 inches.	December	2.64 inches.

Total for the year: 30.81 inches.

Night Soil Collection.

Pail closet contents are emptied once weekly from Ramsdean and twice weekly in parts of the following parishes:-

Liss.
Bramshott.
East Meon.
Buriton.
Langrish.
Froxfield.
Clanfield.

Public Cleansing.

The County Council is responsible for the cleansing of the roads in the district.

A collection of house refuse is now carried out in localities defined on maps approved by the Council. The collection days are as follows:-

Bramshott	Weekly	Monday, Tuesday and Friday.
Buriton	Fortnightly	Friday.
Clanfield	Weekly	Wednesday
Colemore and Priorsdean	Fortnightly	Thursday
East Meon	Fortnightly	Thursday
Froxfield	Fortnightly	Thursday
Greatham	Fortnightly	Friday
Hawkley	Fortnightly	Friday
Horndean	Weekly	Tuesday
Langrish	Fortnightly	Thursday
Liss	Weekly	Wednesday and Thursday
Rowlands Castle	Weekly	Monday
Steep	Fortnightly	Friday

Shops.

Inspections of shops were carried out in conjunction with visits to the premises under other statutes.

Moveable Dwellings.

There are three licensed sites in the district, and sixty-six licences were issued in respect of individual moveable dwellings. Nine of these were new applications. Five applications were refused.

The number of applications for licences to station and use moveable dwellings showed a slight increase over the previous year. Today, many persons are making permanent homes in caravans, due partly to the housing shortage and partly to the high cost of building work and high rents demanded for furnished accommodation.

This type of development may be undesirable, but there is little danger of public health nuisances arising if the conditions attached to the licences are complied with.

Rural Schools.

When passing, visits were made to schools in the district to inspect sanitary accommodation, washing facilities and food preparation rooms. Unsatisfactory conditions were reported to the County Education Officer or the School Managers for attention.

INSPECTIONS AND VISITS.

									<u>Totals.</u>
Accumulations .. .. .	..	..	..	..	..	..	..	..	32
Bakehouses .. .. .	..	..	..	..	..	..	..	..	3
Building Bye-laws .. .. .	..	..	..	..	..	..	..	..	9
Cafes .. .. .	..	..	..	..	..	..	..	..	2
Cesspools .. .. .	..	..	..	..	..	..	..	..	68
Civil Defence .. .. .	..	..	..	..	..	..	..	..	52
Dairies . . . . .	..	..	..	..	..	..	..	..	85
Disinfection of Premises .. .. .	..	..	..	..	..	..	..	..	16
Drains Inspected .. .. .	..	..	..	..	..	..	..	..	394
Drains Tested .. .. .	..	..	..	..	..	..	..	..	35
Factories .. .. .	..	..	..	..	..	..	..	..	14
Food Preparing Premises . . . . .	..	..	..	..	..	..	..	..	23
Hop-pickers' Camps . . . . .	..	..	..	..	..	..	..	..	16
Houses (Public Health and Housing Acts) . . . . .	..	..	..	..	..	..	..	..	205
Houses (Works in progress) .. .. .	..	..	..	..	..	..	..	..	685
Housing applications .. .. .	..	..	..	..	..	..	..	..	45
Infectious Disease . . . . .	..	..	..	..	..	..	..	..	71
Insect Infestations . . . . .	..	..	..	..	..	..	..	..	79
Keeping of Animals .. .. .	..	..	..	..	..	..	..	..	17
Knackers Yards .. .. .	..	..	..	..	..	..	..	..	15
Licensed Premises .. .. .	..	..	..	..	..	..	..	..	74
Meat Shops .. .. .	..	..	..	..	..	..	..	..	18
Miscellaneous .. .. .	..	..	..	..	..	..	..	..	298
Moveable Dwellings .. .. .	..	..	..	..	..	..	..	..	461
Nuisances .. .. .	..	..	..	..	..	..	..	..	166
Offensive Trades .. .. .	..	..	..	..	..	..	..	..	13
Overcrowding .. .. .	..	..	..	..	..	..	..	..	1
Pet Animals Act . . . . .	..	..	..	..	..	..	..	..	2
Rodent Control .. .. .	..	..	..	..	..	..	..	..	66
Schools .. .. .	..	..	..	..	..	..	..	..	26
Sewer connections inspected . . . . .	..	..	..	..	..	..	..	..	2
Shops .. .. .	..	..	..	..	..	..	..	..	20
Slaughter-houses .. .. .	..	..	..	..	..	..	..	..	14
Unsound food .. .. .	..	..	..	..	..	..	..	..	18
Verminous or dirty premises . . . . .	..	..	..	..	..	..	..	..	1
Verminous persons .. .. .	..	..	..	..	..	..	..	..	2
Water supply .. .. .	..	..	..	..	..	..	..	..	261
TOTAL									<u>3309</u>

Samples submitted for laboratory examination:-

Water	..	..	..	..	..	..	..	96
Milk	..	..	..	..	..	..	..	72
Sewage effluent	.	..	..	..	..	..	..	1
Milk bottles (for sterility)	..							24
TOTAL								<u>193</u>

Insect Infestation.

During the year a number of requests for assistance were received to deal with infestation of houses by flies, fleas, earwigs, ants, cockroaches and wasps.

Advice was given and in many cases treatments with insecticides were carried out.

HOUSING.

Provision of New Houses.

The following eighty new Council houses and sixteen Council flats were erected during the year:-

Houses -

Gunns Farm, Bramshott -

Numbers 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 103, 104, 113, 114, 115, 116, 117, 118.

The Close, Gunns Farm, Bramshott.

Numbers 89 and 90.

Triggs Cottages, Hungary Lane, Bramshott.

Numbers 3 and 4.

Southfield, Clanfield.

Numbers 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12.

Glenthorne Meadow, East Meon.

Numbers 13 and 14.

Merchistoun Road, Horndean.

Numbers 68, 70, 72, 74, 80, 82, 84, 86, 88, 90, 92, 94, 71, 73.

Queens Crescent, Horndean.

Numbers 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60.

Vinson Road, Liss.

Numbers 26, 28, 30, 32, 25, 27, 29, 31.

Chase Close, Liss.

Numbers 1, 2, 7, 8.

Castle Road, Rowlands Castle.

Numbers 97, 99, 101, 103, 105, 107.

Flats -

Merchistoun Road, Horndean.

Numbers 76a, 76b, 78a, 78b.

Queens Crescent, Horndean.

Numbers 45a, 45b, 47a, 47b, 61a, 61b, 63a, 63b, 70a,
70b, 72a, 72b.

During the year twenty-six houses were built by private enterprise.

Summary of work carried out under Public Health and Housing Acts.

1. Inspection of dwelling houses during the year -

(1) (a) Total number of dwelling-houses inspected
for housing defects (under Public Health
or Housing Acts) 205

(b) Number of inspections made for the purpose . 685

(2) (a) Number of dwelling-houses (included under
sub-head (1) above) which were inspected
and recorded under the Housing Consol-
idated Regulations, 1925 and 1932 43

(b) Number of inspections made for the purpose . 112

(3) Number of dwelling-houses found to be unfit
for human habitation and not capable at
reasonable expense of being rendered so fit 26

(4) Number of dwelling-houses (exclusive of
those referred to under the preceding sub-
head) found not to be, in all respects,
fit for human habitation 163

2. Remedy of Defects during the year without service of formal notices -

Number of defective dwelling-houses ren-
dered fit in consequence of informal action
by the Local Authority or their officers .. 132

3. Action under Statutory Powers during the year -

(a) Proceedings under Sections 9, 10 and 16 of
the Housing Act, 1936 -

(1) Number of dwelling-houses in respect of
which Notices were served requiring
repairs 21

- (2) Number of dwelling-houses which were rendered fit after service of formal notices -
- (a) By owners 9
- (b) By Local Authority in default of owners Nil
- (b) Proceedings under Public Health Acts -
- (1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied 23
- (2) Number of dwelling-houses in which defects were remedied after service of formal notices -
- (a) By owners 11
- (b) By Local Authority in default of owners 1
- (c) Proceedings under Sections 11 and 13 of the Housing Act, 1936 -
- (1) Number of dwelling-houses in respect of which Demolition Orders were made . 8
- (2) Number of dwelling-houses demolished in pursuance of Demolition Orders .. Nil

4. Overcrowding -

No statutory action was taken during the year regarding overcrowding.

Repair of Houses.

Owing to the high cost of repair work, and to the limited income from rent controlled properties, the tendency in recent years has been for the owners of demolition standard properties to obtain vacant possession and then to sell for repair, renovation and possible improvement for owner occupation.

While this policy retains the buildings as housing units, they are no longer available for renting and I think it is safe to assume that, as action under Section 11 of the Housing Act, 1936 increases, many houses will be "lost" in this way unless there is a radical change in rent control.

A number of houses have been and are being dealt with satisfactorily under the repairs section of the Housing Act, 1936, but the cost to the owner in such cases is very high and we try to avoid statutory action wherever possible so as to give the owner an opportunity of leaving major works until circumstances improve.

As action under the Housing Act, 1936 progresses, the rural housing survey is revised, but it will be many years before the numbers in the higher categories reach the proportions we would all like to see.

I think the housing shortage is less acute than last year. With a marked fall in the sale prices of pre-war houses and with the resulting decrease in loan repayments there is an increased tendency for people to consider seriously the purchase of houses. There are, of course, still many families who wish to rent a house, but, I think that in many cases, the desire will have to remain unfulfilled for economic reasons. It is unfortunate, but true that there were, are and are always likely to be, families who will not be able to afford to have separate living accommodation of their own. On the other hand, it is not often now-a-days that we come across the badly overcrowded dwellings such as were encountered in the 1920's and early 1930's.

INSPECTION AND SUPERVISION OF FOOD.

Milk Supply.

Supervision and control of distributors and retail dairies was maintained throughout the year; there are nine distributors of milk on this Council's register. A satisfactory standard was maintained.

Of the seventy-two samples taken, nine failed to pass the required test.

There are two dairies in the district where pasteurisation is carried out and these are supervised under powers delegated by the County Council.

Liaison with the Area Milk Officer was maintained.

Licences issued under the Milk (Special Designation)
(Pasteurised and Sterilised Milk) Regulations, 1949.

Dealer's Licences to use the designation "Pasteurised"	7
Dealer's Licences to use the designation "Sterilised"	1
Supplementary Licences to use the designation "Pasteurised"	8
Supplementary Licences to use the designation "Sterilised"	1

Licences issued under the Milk (Special Designation)
(Raw Milk) Regulations, 1949.

Dealer's Licences to use the designation "Tuberculin Tested"	4
Supplementary Licences to use the designation "Tuberculin Tested" . . .	6

Meat and other Foods.

Much of the home killed meat for local consumption is slaughtered at Grange Farm, Petersfield.

Centralised slaughtering is a good practice because it ensures that all meat for human consumption is inspected.

The new experimental Government Slaughter-house at Fareham was opened in November, but at the time of writing this has not materially affected the numbers slaughtered at Petersfield.

During the year efforts were continued to interest the general public and food handlers in food hygiene. Public meetings and film shows were organised for the general public and for local organisations. No opportunity is lost to bring home this vital aspect of health education.

Section 14 of the Food and Drugs Act, 1938, provides for the registration of all premises used for:-

- (a) the sale, or manufacture for the purpose of sale of ice cream, or the storage of ice cream intended for sale; or
- (b) the preparation or manufacture of sausages or potted, pressed, pickled or preserved food intended for sale.

There are forty-nine entries in this Council's register in respect of ice cream premises and fourteen in respect of preserved food premises.

Details of condemned food:-

	lbs
Home-killed beef	49
Imported beef.	62
Imported lamb	5
Ham	44
Luncheon meat	12
Corned beef	6
Cured sprag fillet	28
Cod trimmings	84
Prawns	8
Plums	2
Pineapple pulp	6
Apricot pulp	4
	<hr/>
TOTAL	310 lbs
	<hr/>
Pasteurised Milk	98 pints

Adulterations.

The Hampshire County Council is the Food and Drugs Authority and is responsible for the administration of the Sections of the Food and Drugs Act, 1938 which place restrictions on the addition to, or abstraction of substances from, food and drugs.

I am indebted to Mr. C.O. Perry, Chief Inspector under the Food and Drugs Act, for the following information on samples taken in the district during the year:-

Article.	Number of samples taken.
Butter and other Fats	3
Drugs	2
Milk	63
Sausages and other Meat Products	5
Spirits	5
Other foods	6
	<hr/>
	84
	<hr/>

The sixty-four samples of milk proved to contain an average of 3.98% of milk fat and 8.85% of non-fatty solids.

RODENT CONTROL.

In February, 1952, the Council decided to fill the vacancy of a second rodent operator which had not been filled since a previous employee died. They also decided to purchase a second rodent van.

When the new operator started work on the 15th June, 1952, I was able to put into effect the decision to treat agricultural properties upon request from the occupiers. It was made clear that it was not the Council's intention to compete with the Agricultural Executive Committee or with servicing companies, but by the end of the year we found that we were treating at about fifty farms in addition to those having contracts elsewhere.

It was not found necessary to serve any statutory notices during the year under the Prevention of Damage by Pests Act, 1949 and I think this says much for the tact and understanding of the operators.

In general, control measures during the year were satisfactory.

The following tables give details for the period 1st January to the 31st December, 1952.

1. PREVALENCE OF RATS AND MICE.

	(i)	(ii) Number of properties in Local Authority's area.	(iii) Number of properties in Local Authority's area.	(iv) Number of properties in Local Authority's area.	(v) Analysis of Column iv.	(vi) Analysis of Column iv.			(vii) Analysis of Column iv.
						Number infested by			
						Rats			
Type of Property	Total	Notified by Occupier	Otherwise discovered	Recorded total of (ii) and (iii)	Major	Minor	Mice only		
Local Authority's Property	10	2	8	10	13	10	-		
Dwelling Houses	5925	162	289	451	130	307	14		
Business Premises	277	16	14	30	15	13	2		
Agricultural Property	296	18	71	89	57	31	1		
TOTAL	6508	198	382	580	215	361	17		

2. MEASURES OF CONTROL BY LOCAL AUTHORITY											
TYPE OF PROPERTY	No. of pro- per- ties ins- pec- ted	No. of inspec- tions made	Number of notices served under Section 4.		Number of treatments carried out			Block treatment of properties in different occupancies under Section 6(1) or by informal arrange- ment.	Number of blocks	Associated ed sewers	
					By arrangement with occupier	Under Section 5(1)	Mice only				
			Rats	Mice only							Rats only
					Treat- ments	Works					
LOCAL AUTHORITY'S PROPERTY	10	51	-	-	24	-	-	-	-	5	
DWELLING HOUSE	633	1117	-	-	426	14	-	-	15	109	-
BUSINESS PREMISES	42	71	-	-	24	2	-	-	-	-	-
AGRICULTURAL PROPERTY	239	406	-	-	58	1	-	-	-	-	-
TOTAL	924	1645	-	-	532	17	-	-	15	109	5

N.B. -

Local Authority's Properties. Council houses are included under Dwelling House. Premises occupied in connection with the Council's undertakings are included under this heading.

Combined Dwelling and Business Premises occupied by the same person are included under Business Premises.

Farms, Smallholdings, Poultry Farms and other premises devoted to commercial, agriculture or horticulture are included under Agricultural Property and not under Business Premises.

Unclassified Properties. Properties which do not appropriately fall under other classifications are included under Business Premises.

Degree of Infestation. "Major" includes only properties with an estimated rat population exceeding twenty rats.

Treatment means a complete operation for the destruction of rats or mice in the property.

FACTORIES.

Mr. S.H. Carter is H.M. Inspector of Factories for the Portsmouth District, which includes the Petersfield Rural District. His address is 9 Western Parade, Southsea.

Inspections for purposes as to health.

Premises.	Number on Register	Inspections	Number of written Notices.
(1) Factories in which Section 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	10	-	-
(2) Factories not included in (i) in which Section 7 is enforced by the Local Authority	54	14	3
(3) Other Premises in which Section 7 is enforced by the Local Authority	-	- -	-
TOTALS	64	14	3

